New Hampshire Medicaid

First Health Services Corporation®
A Coventry Health Care Company

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DUR Board

The New Hampshire Drug Utilization Review (DUR) Board is composed of New Hampshire physicians, pharmacists, nurse practioners and other healthcare professionals who review and discuss trends in the prescribing practice and provide educational information to Medicaid providers. Two major components of the DUR Program are prospective DUR and retrospective DUR.

Prospective DUR

Several Pro-DUR modules are implemented in New Hampshire:

Drug-Drug Interaction – Detects if a patient's medication will cause a harmful interaction with a drug currently being taken. There are 3 different severity levels associated with this module.

Duplicate Therapy – Detects if therapeutic effects of a current medication may already exist for a patient with a previous active medication.

Duplicate Ingredient- Detects when a current medication contains the same active ingredient (s) as a previous active medication.

Early Refill- Will alert when a medication with the same strength and dosage form are refilled before 80% of the previous fill is exhausted.

Retrospective DUR

When a prescription claim is processed, prescribing practice can be identified. Educational intervention regarding possible drug interactions, medication abuse/fraud, over utilization and therapeutic duplication can be provided to the prescriber.

Low Sedating Antihistamines and Combinations Utilization

Allergies affect an estimated 50 million people in the United States. Allergy types may include food, drug, latex, indoor and outdoor, insect, skin and eye allergies. [1]

Allergy is the 5th leading chronic disease in the U.S. among all ages, and the 3rd most common chronic disease among children under 18 years old.[2]

The cost associated with allergic disease is estimated to be over $7 billion per year.[3]

Low Sedating Antihistamines and Combinations are among the therapeutic classes on the New Hampshire Preferred Drug List. The top 10 (listed by total claim count) prescribed for New Hampshire Medicaid recipients are shown below. Loratadine was the most commonly low sedating antihistamine prescribed from March 2008 to May 2008. Where applicable, Preferred Medications are noted with (P), Non-Preferred Medications are noted as (NP).

Brand Name*	Relative Medicaid Cost
LORATADINE (P) **	$
CETIRIZINE HCL (P)	$
FEXOFENADINE HCL (NP)	$$$
ZYRTEC® (NP)	$$
ALAVERT® (P)	$
CLARINEX® (P)	$$$$$
ALLERGY RELIEF (P)	$
ALLEGRA® (NP)	$$$
XYZAL® (NP)	$$$
ALL DAY ALLERGY (P)	$

* OTC products may still require OTC form to be submitted.

**Only loratadine OTC products are preferred. Loratadine RX products are non-preferred.

[1] CDC Fast Facts A-Z, Vital Health Statistics, 2003.
[2] Chronic Conditions: A Challenge for the 21st Century, National Academy on an Aging Society, 2000.
[3] Chronic Conditions: A Challenge for the 21st Century, National Academy on an Aging Society, 2000.

New Nasal Sprays for Seasonal Allergic Rhinitis

Alcon Laboratories, Inc. received FDA approval for olopatadine (Patanase®), on April 15, 2008. Patanase® is a nasal antihistamine indicated for the relief of the symptoms of seasonal allergic rhinitis in adults and children 12 years and older. The recommended dose is two sprays in each nostril twice a day. The active ingredient, olopatadine, is also available in an ophthalmic formulation for the treatment of allergic conjunctivitis.

FDA approves Omnaris® (ciclesonide), a new nasal corticosteroid. It is indicated for seasonal allergic rhinitis in adults and children six years of age and older. Omnaris® is also indicated for the treatment of nasal symptoms associated with perennial allergic rhinitis in adults and adolescents 12 years of age and older. The recommended dose is two sprays in each nostril twice a day.

Sources:

www.fda.gov

Utilization data provided by First Health Services

Information regarding FDA approved medications provided in summary from First Health Clinical Alert Newsletter.

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Atypical Antipsychotics Utilization

During the month of May, Mental Health Awareness month, two atypical antipsychotic medications received new indications for usage. Abilify is now approved as maintenance therapy in bipolar I disorder. Seroquel was also approved for maintenance therapy in bipolar I disorder but as adjunct to lithium or divalproex.[4] The top 10 commonly prescribed atypical antipsychotics for New Hampshire Medicaid recipients from March 2008 to May 2008 are listed below.

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Brand Name	Relative Medicaid Cost
SEROQUEL® (P)	$$
RISPERDAL® (P)	$$
ABILIFY® (NP)	$$$
ZYPREXA® (NP)	$$$
CLOZAPINE (P)	$
GEODON® (P)	$$
RISPERDAL CONSTA® (NP)	$$$$
ZYPREXA ZYDIS® (NP)	$$$$
INVEGA® (NP)	$$
SEROQUEL XR® (NP)	$$$

It is estimated by the National Institute of Health that approximately 60 million Americans suffer from sleep disorders.[5] It is prevalent in all age groups, from pediatrics to the elderly population. Once non-pharmacological therapies have been attempted, many pharmacologic options are now available for treatment. Sedative hypnotic therapy should be considered as a short term option. The top 15 commonly prescribed sedative hypnotics for New Hampshire Medicaid recipients from March 2008 to May 2008 are listed below.

Brand Name	Relative Medicaid Cost
TEMAZEPAM (P)	$
ZOLPIDEM TARTRATE (P)	$
TRIAZOLAM (P)	$
AMBIEN CR® (NP)	$$$$$
LUNESTA®(NP)	$$$$$
FLURAZEPAM HCL (P)	$
ROZEREM® (NP)	$$$$$
LORAZEPAM (P)	$
ESTAZOLAM (P)	$
CHLORAL HYDRATE	$
RESTORIL® (P)	$$$$$
AMBIEN® (P)	$$$$$
SONATA® (P)	$$$$$
SOMNOTE®	$$$
ZALEPLON (NP)	$$$$$

[4] www.fda.gov. Accessed June17, 2008.

[5] 2003 National Sleep Disorders Research Plan. Sleep. 2003 May 1;26(3):253-7.

FDA Approved New Molecular Entities (NMEs), Biologic Products (BLAs)/Orphan Drugs and New Indications/New Formulations for Existing Products

Generic Name	Trade Name	Description	Applicant	FDA Status
Adalimumab	Humira®	Tumor necrosis factor inhibitor now approved as a treatment to reduce signs and symptoms of moderately to severely active polyarticular juvenile idiopathic arthritis (JIA) in patients four years of age and older. JIA is also referred to as juvenile rheumatoid arthritis (JRA).	Abbott	FDA approved new indication 02-22-2008
Esomeprazole	Nexium®	Proton pump inhibitor (PPI) now approved for short-term use in children ages one to eleven years of age for treatment of gastroesophageal reflux disease (GERD). Both the delayed-release capsule and the liquid formulation are approved for this age and indication.	AstraZeneca	FDA approved new age indication 02-28-2008
Fluvoxamine maleate	Luvox CR®	Selective serotonin reuptake inhibitor (SSRI) now approved in an extended-release capsule formulation and for the treatment of social anxiety disorder (SAD) and obsessive-compulsive disorder (OCD) in adults.	Jazz Pharmaceuticals, Inc.	FDA approved new dosage form and indication 02-28-2008
Desvenlafaxine succinate	Pristiq®	Serotonin-norepinephrine reuptake inhibitor (SNRI), administered once daily, for treatment of major depressive disorder (MDD) in adult patients. Wyeth expects to begin shipment second quarter of 2008.	Wyeth Pharmaceuticals, Inc.	FDA approved NME 02-29-2008
Insulin aspart rDNA	Novolog®	Rapid action and short duration of action insulin analogue now approved for patients aged four to eighteen years of age for administration via insulin pump.	Novo Nordisk	FDA approved new pediatric use 03-18-2008
Bendamustine	Treanda®	Nitrogen mustard alkylating agent approved for first and second-line treatment of chronic lymphocytic leukemia.	Cephalon	FDA approved new drug 03-20-2008
Olopatadine hydrochloride	Patanase® Nasal Spray	Relatively selective histamine H1-antagonist now approved as a nasal spray indicated for patients 12 years of age and older for relief of symptoms of seasonal allergic rhinitis.	Alcon	FDA approved new formulation 04-15-2008
Sumatriptan/ naproxen sodium	Treximet®	A 5-HT1 serotonin receptor antagonist (triptan) in combination with a non-steroidal anti-inflammatory drug (NSAID) indicated for the acute treatment of migraine attacks with or without aura in adults. Treximet® contains 85 mg sumatriptan and 500 mg naproxen sodium.	GlaxoSmithKline & Pozen, Inc.	FDA approved new drug combination 04-15-2008
Certolizumab pegol	Cimzia®	Tumor necrosis factor (TNF) blocker indicated for adults with moderate to severe Crohn's disease who have not responded to conventional therapies. Cimzia® is available in an injectable formulation to be administered every two weeks for the first three injections. When benefit is established, it should be administered once every four weeks.	UCB, Inc.	FDA approved 04-22-2008
Risedronate sodium	Actonel®	Oral bisphosphonate now approved in a once per month dosage of 150 mg for treatment and prevention of postmenopausal osteoporosis.	Procter & Gamble	FDA approved new formulation 04-22-2008
Lisdexamfetamine dimesylate	Vyvanse®	Prodrug CNS stimulant rapidly absorbed and converted to dextroamphetamine now approved for treatment of Attention Deficit Hyperactivity Disorder (ADHD) in adults.	Shire Pharmaceuticals	FDA approved new age indication 04-23-2008
Lubiprostone	Amitiza®	Chloride channel activator now approved for the treatment of Irritable Bowel Syndrome with Constipation (IBS-C) in adult women ages 18 years and older.	Sucampo Pharmaceuticals	FDA approved new indication 04-29-2008
Fluticasone propionate/ salmeterol xinafoate	Advair® 250/50	Synthetic trifluorinated corticosteroid in combination with a long-acting beta (2)-adrenergic agonist now approved for reduction of COPD (chronic obstructive pulmonary disease) exacerbations in adults.	GlaxoSmithKline	FDA approved new indication 04-30-2008